

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

10

26

2006

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

10

26

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		371526.17
(b) Cash on Hand at Beginning of Reporting Period	110593.19	
(c) Total Receipts (from Line 19)	75744.35	534601.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186337.54	906127.44
7. Total Disbursements (from Line 31)	159100.00	878889.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27237.54	27237.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	70735.42	487714.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	5008.93	43636.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75744.35	531351.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	75744.35	531351.27
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75744.35	534601.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75744.35	534601.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	6039.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	6039.90
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		159100.00	869350.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		159100.00	878889.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		159100.00	878889.90

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	75744.35	531351.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75744.35	531351.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6039.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6039.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Poirier

Mailing Address 125 Airport Rd

City State Zip Code
 Concord NH 03301-7300

FEC ID number of contributing federal political committee.

C

Name of Employer
New Hampshire Health Care AssnOccupation
Exec Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 2 / 2 0 0 6

Transaction ID: 24691197

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Robert Van Dyk

Mailing Address 304 South Van Dien

City State Zip Code
 Ridgewood NJ 07450-5200

FEC ID number of contributing federal political committee.

C

Name of Employer
Van Dyk Health CareOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 2 / 2 0 0 6

Transaction ID: 24691359

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr. Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
 New Rochelle NY 10805-1397

FEC ID number of contributing federal political committee.

C

Name of Employer
Bayberry Nursing HomeOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 2 / 2 0 0 6

Transaction ID: 24691365

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Larry Voegtle

Mailing Address 401 Owen Lane

City	State	Zip Code
Waco	TX	76710-5558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenview ManorOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Transaction ID: 24691607

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Paul A. Heinig

Mailing Address 721 W. Mulberry

City	State	Zip Code
Angleton	TX	77515-4239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Village Care

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Transaction ID: 24691687

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Arthur O'Leary

Mailing Address 79 Broad St.

City	State	Zip Code
Hollis	NH	03049-6017

FEC ID number of contributing
federal political committee.

C

Name of Employer
GenesisOccupation
Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Transaction ID: 24691762

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Derek L. Wilson			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 2849 Alcott Lane			Transaction ID: 24691969	
City State Zip Code Grand Prairie TX 75052-8346			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HCIS		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Larry Litzmann			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 175 Kelsey Lane			Transaction ID: 24700745	
City State Zip Code Tampa FL 33619-4336			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Pharmacia		Occupation Sales Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ken Levering			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 4261 Vista Walk Lane			Transaction ID: 24703398	
City State Zip Code Powell OH 43065-7361			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Levering mgt		Occupation LNHA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Bruce Yarwood Mailing Address 200 P St #F31 City State Zip Code Sacramento CA 95814-6259 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation CEO & President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 24704723 Amount of Each Receipt this Period 1750.00
B. Full Name (Last, First, Middle Initial) Mr William Levering Mailing Address 201 North Main St. City State Zip Code Mount Vernon OH 43050-2400 FEC ID number of contributing federal political committee. C Name of Employer Levering Management Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 24712278 Amount of Each Receipt this Period 1750.00
C. Full Name (Last, First, Middle Initial) Mr William Levering Mailing Address 201 North Main St. City State Zip Code Mount Vernon OH 43050-2400 FEC ID number of contributing federal political committee. C Name of Employer Levering Management Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 Transaction ID: 24712327 Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Michael Cook

Mailing Address 2724 King St.

City State Zip Code
 Alexandria VA 22302-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epstein Becker and Green
P.C.

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 24713208

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr Dick Stebbins

Mailing Address 600 E Whaley

City State Zip Code
 Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 24713247

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

Mr Michael Cook

Mailing Address 2724 King St.

City State Zip Code
 Alexandria VA 22302-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epstein Becker and Green
P.C.

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 24713271

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
 Voorhees NJ 08043-4392

FEC ID number of contributing federal political committee.

C

Name of Employer
Burnt Tavern Rehabilitation
HealthCareOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 24713391

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Ms. Michaela Miller

Mailing Address 20383 SW Tremont Way

City State Zip Code
 Aloha OR 97007-8597

FEC ID number of contributing federal political committee.

C

Name of Employer
Avamere Health ServicesOccupation
Shareholder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 24716713

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

Mr. Rick Miller

Mailing Address 25117 SW Parkway Suite F

City State Zip Code
 Wilsonville OR 97070-9697

FEC ID number of contributing federal political committee.

C

Name of Employer
Avamere Health Services,
NCOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 4 / 2 0 0 6

Transaction ID: 24716715

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

10125.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Arlene Miles
Mailing Address 225 E 16th Ave. #110

City State Zip Code
Denver CO 80203-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Health Care Asso-
ciation

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24717442

Amount of Each Receipt this Period

-250.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan Anderson
Mailing Address 5001 E. Anaheim St.

City State Zip Code
Long Beach CA 90804-3296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bel Vista Convalescent Ho-
spital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24717444

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter Feeney
Mailing Address 201 S Main Street 2nd Floor

City State Zip Code
Ann Arbor MI 48104-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Rhone

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24717445

Amount of Each Receipt this Period

-250.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr James Unverferth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1100 Shawnee Road		Transaction ID: 24717449
City Lima	State OH	Zip Code 45805-3583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer HCF, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Ms Jan Thayer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 404 Woodland Dr		Transaction ID: 24717451
City Grand Island	State NE	Zip Code 68801-8857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Riverside Lodge	Occupation Owner/Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Mr. Richard Dillon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 25117 SW Parkway, Suite F		Transaction ID: 24721251
City Wilsonville	State OR	Zip Code 97070-9697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Avamere	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Michael Scharfenberger

Mailing Address 7265 Kenwood Rd #300

City State Zip Code
Cincinnati OH 45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Care Management

Occupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: 24721370

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Health Care Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725651

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. John A. Grillo

Mailing Address 101 Captain Walk

City State Zip Code
Egg Harbor Twp NJ 08234-7386

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Energy Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24725661

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John A. Grillo			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 101 Captain Walk			Transaction ID: 24725662	
City State Zip Code Egg Harbor Twp NJ 08234-7386			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer National Energy Services		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) Ms. Frances Foy			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 4900 Telegraph Rd.			Transaction ID: 24726694	
City State Zip Code Ventura CA 93003-4131			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Ventura Townhouse		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mr W Parker Tomlinson			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 513 E Whitaker Mill Rd			Transaction ID: 24797148	
City State Zip Code Raleigh NC 27608			Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Mayview Convalescent Center		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Lee Marchant
Mailing Address 3800 Gifford Road

City State Zip Code
Bloomington IN 47403-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
LJM Enterprises

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797151

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr Michael Scharfenberger
Mailing Address 7265 Kenwood Rd #300

City State Zip Code
Cincinnati OH 45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Care Management

Occupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797160

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms Gail Clarkson

Mailing Address 1387 Club Drive

City State Zip Code
Bloomfield Hills MI 48302-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medilodge Group

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797163

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gary Catlett

Mailing Address 4 Wisteria Court

City State Zip Code
Spartanburg SC 29307-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797165

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
Weirton WV 26062-3693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Geriatric Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797167

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr John Elliot

Mailing Address 240 Captol Street 500

City State Zip Code
Charleston WV 25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM Inc

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 24797169

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Fonda Elliot Mailing Address 240 Captol Street Suite 500 City Charleston State WV Zip Code 25301-2297 FEC ID number of contributing federal political committee. C Name of Employer AMFM, Inc. Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6 Transaction ID: 24797170 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) Mr. Rick Mendlen Mailing Address 1810 Gillespie Way Ste. 212 City El Cajon State CA Zip Code 92020-0921 FEC ID number of contributing federal political committee. C Name of Employer Kennon Shea & Assoc. Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Transaction ID: 24798231 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Gerald Schroer, Jr. Mailing Address 7235 Whipple Ave. NW City North Canton State OH Zip Code 44720-7137 FEC ID number of contributing federal political committee. C Name of Employer Altercare Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Transaction ID: 24798244 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Boyle

Mailing Address 936 Spyglass Court

City

Dakota Dunes

State

SD

Zip Code

57049-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Centre Management

Occupation
Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Transaction ID: 24798253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Sally Rapp

Mailing Address 3308 Ocean Blvd
Suite 280

City

Corona Del Mar

State

CA

Zip Code

92625-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer
SR Management Svcs. Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Transaction ID: 24798277

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Todd Smith

Mailing Address 5902 Carlton Lane

City

Bethesda

State

MD

Zip Code

20816-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24800823

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr Angelo S. Rotella Mailing Address 303 Rhodes Ave City Woonsocket State RI Zip Code 02895-2899 FEC ID number of contributing federal political committee. C Name of Employer Friendly Home Inc Occupation President/Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: 24800824 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) Pam Anderson Mailing Address 411 Main St. City Sulphur Springs State TX Zip Code 75482-2762 FEC ID number of contributing federal political committee. C Name of Employer Medicine Chest Pharmacy Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Transaction ID: 24801895 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Neil Pruitt, Jr. Mailing Address P.O. Box 1210 City Toccoa State GA Zip Code 30577-1421 FEC ID number of contributing federal political committee. C Name of Employer Pruitt Corporation Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Transaction ID: 24801916 Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Morton
Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Ctrs

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820764

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Nathan Dikes
Mailing Address 11124 E 30th Avenue

City State Zip Code
Spokane Valley WA 99206-5890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Gardens

Occupation
Asst. Administrator/Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820795

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Mr Daniel Salmon
Mailing Address 85 Beaumont Dr

City State Zip Code
Northbridge MA 01534-1093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820846

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Russell V Peterson
Mailing Address 5281 Ventures Drive

City State Zip Code
Fremont NE 68025-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nye Senior Living

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820942

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Arthur Logsdon
Mailing Address One N. Capitol

City State Zip Code
Indianapolis IN 46204-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Health Care Assn.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820944

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr R. Peter Madel, Jr.
Mailing Address 108 8th St NW

City State Zip Code
Waseca MN 56093-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore Inn Nursing Home

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24820950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr Dale Thompson Mailing Address 1995 E Rum River Dr S City State Zip Code Cambridge MN 55008-2664 FEC ID number of contributing federal political committee. C Name of Employer Benedictine Health Systems Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: 24820959 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mr. Richard Herrick Mailing Address 33 Elk St. #300 City State Zip Code Albany NY 12207-1073 FEC ID number of contributing federal political committee. C Name of Employer NYS Health Facilities Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: 24820962 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Ms. Linda Black-Kurek Mailing Address 7445 Liberty Woods Lane City State Zip Code Dayton OH 45459-3911 FEC ID number of contributing federal political committee. C Name of Employer Liberty Health Care Corp Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6 Transaction ID: 24820963 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Al Braswell
Mailing Address 3674 Pacific Ave.

City State Zip Code
Riverside CA 92509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Pacifica Enterprises

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24820989

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Howard Groff
Mailing Address 9031 Penn. Ave. South

City State Zip Code
Bloomington MN 55431-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24820997

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Dion Sena
Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alachua Health Consultants
Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jesse Johnson, Jr.

Mailing Address 1500 E. First St.

City State Zip Code
 Newberg OR 97132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newberg Care Home

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821006

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Kenneth Greiner

Mailing Address 4350 Will Rogers Pkwy Ste 300

City State Zip Code
 Oklahoma City OK 73108-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821010

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. John A. Vinson

Mailing Address 329 Townpark Circle

City State Zip Code
 Louisville KY 40243-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Systems of KY

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821013

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Cheryl Rapp

Mailing Address 4001 Ponds Court

City State Zip Code
Pleasanton CA 94566-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARREI

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821016

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Collins Pagels

Mailing Address 5020 B, N. 8th Place,
Suite A

City State Zip Code
Phoenix AZ 85014-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Health Care Assoc-
iation

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821018

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. James R. Westbury

Mailing Address 922 McDonough Rd

City State Zip Code
Jackson GA 30233-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbury Medical Care Home
Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821025

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr John C. Orestis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 1408 179 Lisbon St.		Transaction ID: 24821028
City Lewiston	State ME	Zip Code 04243-1408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer North Country Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Mr. Robert Siebel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 13185 W. Great Mountain Drive		Transaction ID: 24821032
City Lakewood	State CO	Zip Code 80228-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carriage Healthcare Companies, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) John Barber		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 3347		Transaction ID: 24821035
City Spartanburg	State SC	Zip Code 29302-4335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer White Oak Manor	Occupation Executive VP/CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Martin Sbriglio, RN, NHA, C

Mailing Address 88 Ryders Lane
Suite 208

City State Zip Code
Stratford CT 06614-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ryders Health Management

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821104

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Ms. Marjorie Shell

Mailing Address 625 East Water St.

City State Zip Code
Pendleton IN 46064-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fall Creek Retirement Vil-
lage

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821111

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)
Mr Wade Peterson

Mailing Address 201 14th St., NW

City State Zip Code
Mandan ND 58554-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One Care Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24821148

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

5825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gary Anderson

Mailing Address 6618 McMakin Court

City State Zip Code
 Colleyville TX 76034-5752

FEC ID number of contributing federal political committee.

C

Name of Employer
Preferred Care ManagementOccupation
President/Management Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 24838881

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Mr Wade Peterson

Mailing Address 201 14th St., NW

City State Zip Code
 Mandan ND 58554-2063

FEC ID number of contributing federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 24851270

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr David Beck

Mailing Address 1250 H Street NW Suite 555

City State Zip Code
 Washington DC 20005-3965

FEC ID number of contributing federal political committee.

C

Name of Employer
Beverly EnterprisesOccupation
Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 6

Transaction ID: 24851339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code
 Boca Raton FL 33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitehall Boca

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 24851341

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. James D. Devlin, Jr.

Mailing Address 6 Truax Lane

City State Zip Code
 Foxboro MA 02035-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kronos

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 24859292

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Brad Stebbins

Mailing Address 600 E Whaley

City State Zip Code
 Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 24859530

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Chance Becnel

Mailing Address 935 Bellevue Place

City State Zip Code
Jackson MS 39202-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tara Cares

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 24867669

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24871810

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Ms. Julie Cheeka

Mailing Address 3614 Connecticut Avenue, NW Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24871976

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

381.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David Hebert
Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24872077

Amount of Each Receipt this Period

27.78

B. Full Name (Last, First, Middle Initial)
Ms Jennifer Shimer
Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24872779

Amount of Each Receipt this Period

11.54

C. Full Name (Last, First, Middle Initial)
Mr David Kylo
Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.64

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 24883732

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

78.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael Shepard

Mailing Address 6810 S. Hazel

City State Zip Code
PineBluff AR

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Life Care

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24884171

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

B. Mr Michael Cook

Mailing Address 2724 King St.

City State Zip Code
Alexandria VA 22302-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epstein Becker and Green
P.C.

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: 24884469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Shriver

Mailing Address 617 Comstock Road
Suite 8

City State Zip Code
Montpelier VT 05602-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 24886952

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Edward L. Kuntz

Mailing Address 680 South Fourth St.

City	State	Zip Code
Louisville	KY	40202-2412

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kindred HealthcareOccupation
Chairman, CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 24887319

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Michael Meillier

Mailing Address 27 Brand Ave PO Box

City	State	Zip Code
Faribault	MN	55021-6411

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pleasant Manor IncOccupation
Social Services Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 24887623

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

Mr. Scott Carlson

Mailing Address 994 Sharon Lane

City	State	Zip Code
Ventura	CA	93001-3847

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sun Health CareOccupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

Transaction ID: 24887673

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

70735.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Moran

Mailing Address 1225 19th St. NW #500

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Jim Moran

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 8

Transaction ID: 24691629

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pastor for Arizona

Mailing Address 413 N. Seventh Ave.
408 Cannon House Ofc Bldg

City
Phoenix

State
AZ

Zip Code
85007

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Ed Pastor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 2

Transaction ID: 24691630

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Berman for Congress

Mailing Address 8655 Wilshire Blvd, Ste 220

City
Beverly Hills

State
CA

Zip Code
90211

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Howard Berman

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 24691633

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Levin for Congress Cmte

Mailing Address 436 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Sander Levin

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 24691584

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress Cmte

Mailing Address 3881 Benatar Way
2433 Rayburn House Ofc Bldg

City Chico State CA Zip Code 95028

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Wally Herger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 24691575

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Christopher Shays

Mailing Address 98 East Avenue Rear Building
98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Christopher Shays

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 24691613

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address 1910 Sunset Blvd Suite 540

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 24691581

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Texans for Henry Bonilla

Mailing Address PO Box 17292

City San Antonio State TX Zip Code 78217

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Henry Bonilla

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 24691621

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jack Kingston

Mailing Address Suite 102, Enterprise Bldg
1229 Longworth House Ofc Bldg

City Savannah State GA Zip Code

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Jack Kingston

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 1

Transaction ID: 24691622

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Davis for Congress

Mailing Address P.O. Box 483

City
Dunn Loring

State
VA

Zip Code
22027

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Tom Davis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: 24691640

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Stupak for Congress

Mailing Address 817 Ninth Ave.
PO Box 143

City
Menominee

State
MI

Zip Code
49858

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Bart Stupak

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 24691573

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Shadegg for Congress

Mailing Address P.O. Box 45444

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. John Shadegg

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 4

Transaction ID: 24691548

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boyd for Congress Committee

Mailing Address PO Box 15703

City
Tallahassee

State
FL

Zip Code
32317-5703

Purpose of Disbursement

Candidate Name
Mr. Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691628

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

Candidate Name
Mr. Pete Stark

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691592

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marion Berry for Cong Cmt

Mailing Address PO Box 8084

City
Jonesboro

State
AR

Zip Code
72055

Purpose of Disbursement

Candidate Name
Mr. Marion Berry

Office Sought: ☒ House
☐ Senate
☐ President

State: AR District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691623

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moran for Congress

Mailing Address PO Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr Jerry Moran

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 1

Transaction ID: 24702306

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hulshof for Congress

Mailing Address 1005 Cherry Street, Suite 203

City
Columbia

State
MO

Zip Code
65201

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Kenny Hulshof

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 24691577

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Jim Cooper for Congress

Mailing Address 601 Woodland St.
PO Box 60750

City
Nashville

State
TN

Zip Code
37206

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Jim Cooper

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 24691618

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24698950

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address 38 Ivy Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 24691617

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Adam Putnam For Congress Campaign Committee

Mailing Address Post Office Box 2426

City
Bartow

State
FL

Zip Code
33851

Purpose of Disbursement

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 24691612

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pioneer PAC

Mailing Address 1212 North Vernon St.

City
Arlington

State
VA

Zip Code
22201

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24697976

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 422 C Street NE
Lower Level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24691645

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Schiff for Congress

Mailing Address 38 Ivy Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name
Adam Schiff

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 27

Transaction ID: 24691634

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michaud for Congress

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04204

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Mike Michaud

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 24691643

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Barrett for Congress Committee

Mailing Address PO Box 869

City
Westminster

State
SC

Zip Code
29693

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Gresham Barrett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 3

Transaction ID: 24691608

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Rahm Emanuel

Mailing Address 101 W. Grant #200

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Rahm Emanuel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 24691582

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of John Tanner

Mailing Address P.O. Box 1988

City
Union City

State
TN

Zip Code
38261

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. John Tanner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 24691602

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
77401

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Frank Pallone

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: 24691552

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

0.00

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
77401

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Frank Pallone

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: 24701936

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOMPAC

Mailing Address PO Box 16488

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24698649

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Devin Nunes for Congress

Mailing Address PO Box 6545
93290

City
Visalia

State
CA

Zip Code
93290-6545

Purpose of Disbursement

Candidate Name
Rep. Devin Nunes

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 21

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24691580

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Artur Davis for Congress

Mailing Address P.O. Box 1845

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement

Candidate Name
Rep. Artur Davis

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 7

Disbursement For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24691619

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of George Miller

Mailing Address 301 4th St., NE #202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. George Miller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 7

Transaction ID: 24691631

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lungren for Congress

Mailing Address 8958 Ivanpah Court

City
Elk Grove

State
CA

Zip Code
95624

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Dan Lungren

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 3

Transaction ID: 24691610

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Cantwell 2006

Mailing Address PO Box 61528

City
Vancouver

State
WA

Zip Code
98666

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Maria Cantwell

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 2

Transaction ID: 24691644

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 32

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691615

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Suite 610
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691639

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Thelma Drake For Congress

Mailing Address PO Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement

Candidate Name
Rep. Thelma Drake

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24691642

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
BellevueState
WAZip Code
98015

Purpose of Disbursement

Candidate Name
Rep. David ReichertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 8

Transaction ID: 24698342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Thornberry For Congress CommitteeMailing Address P.O. Box 9392
724 S Polk #730City
AmarilloState
TXZip Code
79105

Purpose of Disbursement

Candidate Name
Rep. Mac ThornberryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 13

Transaction ID: 24691641

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City
San AntonioState
TXZip Code
78212

Purpose of Disbursement

Candidate Name
Rep. Charles GonzalezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 24691570

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	6

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Sarbanes For Congress

Mailing Address PO Box 6854

City
Towson

State
MD

Zip Code
21285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. John Sarbanes

Office Sought:

☒ House

☐ Senate

☐ President

State: MD

District: 3

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 24698131

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Giffords For Congress

Mailing Address PO Box 27565

City
Tucson

State
AZ

Zip Code
85726

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gabrielle Giffords

Office Sought:

☒ House

☐ Senate

☐ President

State: AZ

District: 8

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 24698239

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Klobuchar For Minnesota

Mailing Address PO Box 4146

City
St Paul

State
MN

Zip Code
55104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amy Klobuchar

Office Sought:

☐ House

☒ Senate

☐ President

State: MN

District: 2

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 24698535

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walsh for Congress Committee

Mailing Address P.O. Box 1974
1330 Longworth House Ofc Bldg

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. James Walsh

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 24716010

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kuhl For Congress

Mailing Address 10 Ganesvoort Street

City Bath State NY Zip Code 14810

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Kuhl

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 24716015

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ray Meier For Congress Committee

Mailing Address PO Box 120

City Utica State NY Zip Code 13503

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Raymond Meier

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 24716014

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. McNulty For Congress

Mailing Address P.O. Box 1560

City State Zip Code
Green Island NY 12183

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Michael McNulty

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 24716013

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kuhl For Congress

Mailing Address 10 Ganesvoort Street

City State Zip Code
Bath NY 14810

Purpose of Disbursement
Void - Kuhl For Congress

011
Category/
Type

Candidate Name
Rep. John Kuhl

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 24717438

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Kuhl For Congress

Full Name (Last, First, Middle Initial)

C. Wetterling '06

Mailing Address P.O. Box 2295

City State Zip Code
St. Cloud MN 56302

Purpose of Disbursement

011
Category/
Type

Candidate Name
Patty Wetterling

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 6

Transaction ID: 24718332

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sue Kelly for Congress

Mailing Address 187 Jay St.

City State Zip Code
Katonah NY 10536

Purpose of Disbursement

Candidate Name
Ms. Sue Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24721160

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Harold Ford Jr For Tennessee

Mailing Address 5120 Barry Road
Suite 1300

City State Zip Code
Memphis TN 38117

Purpose of Disbursement

Candidate Name
Mr. Harold Ford

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24720878

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Sue Kelly for Congress

Mailing Address 187 Jay St.

City State Zip Code
Katonah NY 10536

Purpose of Disbursement

Candidate Name
Ms. Sue Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24820987

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moran for Congress

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

Candidate Name
Mr Jerry Moran

Office Sought: ☒ House
☐ Senate
☐ President

State: KS District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24820947

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. McHenry For Congress

Mailing Address PO Box 360

City Cherryville State NC Zip Code 28021

Purpose of Disbursement

Candidate Name
Rep. Patrick McHenry

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 10

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24820991

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement

Candidate Name
Amy Klobuchar

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 24821048

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mazie Hirono

Mailing Address PO Box 677

City
Honolulu

State
HI

Zip Code
96809

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mazie Hirono

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District: 2

Transaction ID: 24821023

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Whalen For Congress

Mailing Address P. O. Box 750

City
Bettendorf

State
IA

Zip Code
52722

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Michael Whalen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 1

Transaction ID: 24821026

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 2005 Joint Candidate Committee

Mailing Address Akin Gump
1333 New Hampshire Ave, NW #308B

City
Washinton

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24821030

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 2005 Joint Candidate Committee

Mailing Address Akin Gump
1333 New Hampshire Ave, NW #308B

City Washinton State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24821041

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 211 South Fifth St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
Mr. Patrick Tiberi

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 12

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24854795

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Jim Jordan For Congress

Mailing Address 1709 State Route 560 S

City Urbana State OH Zip Code 43078

Purpose of Disbursement

Candidate Name
Mr. James Jordan

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24854796

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Feder For Congress

Mailing Address 1514 Hardwood Lane

City Mclean State VA Zip Code 22101

Purpose of Disbursement

011
Category/
Type

Candidate Name
Judith Feder

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: 24854794

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dreier For Congress Committee

Mailing Address P.O. Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David Dreier

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 24854917

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2100.00

SUBTOTAL of Disbursements This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

159100.00